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CRITICAL ANALYSIS OF THE UNITED STATES AIR FORCE EXCEPTIONAL FAMILY MEMBER PROGRAM

by

Leigh A. Swanson, Col, USAF, MC, SFS

A Research Report Submitted to the Faculty

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Advisor: Col Richard B. Van Hook, USAF

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Biography

Colonel Leigh Swanson is a U.S. Air Force physician assigned to the Air War College, Air University, Maxwell AFB, AL. She graduated from the University of Wisconsin – Milwaukee in 1994 with a Bachelors in Medical Science, from the Medical College of Wisconsin in 1997 with a Doctor of Medicine degree, and from the University of Texas – Houston School of Public Health in San Antonio in 2005 with a Masters of Public Health. She is board certified in Family Practice, Aerospace Medicine, and Preventive Medicine. She has served at the MAJCOM level and is a graduated squadron commander.

Abstract

Appropriate medical care for the family is important to the mental health of the Active Duty member and to the mission of the Air Force. In the Air Force, one of the ways this is managed is through the Exceptional Family Member Program (EFMP), assuring that when a member is selected for a Permanent Change of Station (PCS), the new location has the medical capabilities to support the family. Medical clearance for an overseas PCS is mandated by DODI 1315.19, but the Air Force has expanded the clearance process to the Continental United States (CONUS) as well, which causes increased denial of CONUS PCS moves (for subjective reasons), increased stress for the AF member and the family, as well as wasting time and money for required medical and dental exams. I believe this process can be improved by eliminating both the educational component and the dental component of the EFMP. For the medical component, I recommend reducing the bases that require a medical clearance for PCS to either no medical clearances required in the Continental United States, to medical clearances required only for medically geographically remote bases, or create a tiered system based upon nearby medical facilities so that a medical clearance would only be needed if you go to a tier that has less medical capabilities. By implementing these recommendations, the EFMP can be improved saving both time and money and reducing the stress of the Active Duty member and the medical community.

Introduction

Appropriate medical care for the family is important to the mental health of the Active Duty member and therefore to the mission of the Air Force. In the Air Force, one of the ways this is managed is through the Exceptional Family Member Program (EFMP), assuring that when a member is selected for a Permanent Change of Station (PCS), the new location has the medical capabilities to support his family. The EFMP assists those Active Duty sponsors that have family members with special needs, including spouses, children, and dependent parents who require special medical, dental, or educational services. Currently there are over 100,000 military families in the Department of Defense with special needs family members.[1]

The Air Force Medical Service currently reports 32,929 family members with 26,384 sponsors as enrolled in the EFMP.[2] Although the EFMP is a beneficial program for PCS travel to Outside the Continental United States (OCONUS), I believe that for Continental United States (CONUS) PCS travel, the system is more controlling than it needs to be, causing an increased denial of CONUS PCS moves (for subjective reasons), increased stress for the Active Duty member and their family, as well as wasting time and money for required medical and dental exams. If we are able to streamline the process and eliminate any unneeded components, we would be able to reduce the stress of medical staff and of the Active Duty members with exceptional family members. It would also allow us to save the time of the Active Duty member and family members from unneeded appointments and time of the medical staff from generating and processing unnecessary paperwork. These appointments and time can ultimately be

translated into dollars saved, thereby saving money in our current financially constrained environment.

There is a lot of work that needs to be accomplished in order to medically clear an exceptional family for a PCS. This involves time spent by the Active Duty member gathering all the required paperwork and getting family members to the needed medical and dental appointments, time spent by both the losing and gaining Military Treatment Facility (MTF) completing and processing the paperwork as well as time spent by the Military Personnel Flight (MPF) updating the personnel system, all to hopefully obtain approval for the family members to be able to PCS with the member. Unfortunately, in 2011, out of the 5,997 outgoing Facility Determination Inquiries (FDI) for sponsors coded with exceptional family members, 969 were not approved for travel, with only 217 of those not recommended for travel OCONUS.[3, 4]

Exceptional Family Member Program

The EFMP "implements [Department of Defense] (DOD) policy by providing assignment considerations for Active Duty sponsors where special medical and educational conditions of family members have been identified."[5] The goal of the EFMP is to prevent active duty assignment failures due to unavailable resources for family members and to enhance access to medical and educational resources for family members through the relocation process."[6] At this time, being identified and placed in the EFMP program (i.e. "getting a 'Q' code") does not limit or prohibit any type of assignment selection, but it does alert the assignments personnel at the MPF that the member needs to complete the Family Member Relocation Clearance (FMRC) process for all accompanied assignment areas.[7] "Successful relocation reduces stress for sponsors, family members, and units, prevents the unnecessary loss of allocated finances, and

supports the equitable use of finite medical resources at CONUS and OCONUS locations."[8] The EFMP is broken down into the assignments component (EFMP-A), the medical component (EFMP-M), and family support (EFMP-FS). The EFMP-FS is executed primarily through the Airman and Family Readiness Center where the EFMP-FS coordinator supports special needs families through access to community (federal/state) resources.[9] The medical component is driven by Air Force Instruction (AFI) 40-701, *Medical Support to Family Member Relocation and Exceptional Family Member Program*, which is based on Department of Defense Instruction (DODI) 1315.19, *Authorizing Special Needs Family Members Travel Overseas at Government Expense*. The mission of the EFMP-M is "to identify medical and educational service requirements of family members in support of active duty sponsor reassignment and civilian employment overseas."[10] This DODI focuses on overseas PCS only, but "The Military Departments may elect to follow the procedures in this Instruction when processing a sponsor with a family member who has special medical needs in geographic areas that are not considered overseas."[11] Hence, the AFI has expanded the EFMP process to regulate CONUS PCS as well.

Enrollment of sponsors in the EFMP-M process is mandatory when a family member's medical or educational conditions meet the criteria defined in DODI 1315.19. Once this condition is confirmed, the local MPF updates the Active Duty member's computer record with an Assignment Limitation Code of "Q." This notifies the assignments office that before a member can receive PCS orders for either CONUS or OCONUS assignments, the family members must be approved for travel via the Facility Determination Inquiry determined by the gaining base MPF. If the assignment is CONUS to CONUS, and the family member relocation is denied, the member can continue without the family, or the assignment is changed to an alternate location or cancelled depending on the needs of the Air Force.[12] For a CONUS to

OCONUS assignment, the Active Duty member's assignment status depends on whether the member volunteered for the assignment, and the reason the family member was denied travel. If the member volunteered for the overseas assignment, he can request cancellation of the assignment. If he was a non-volunteer for the assignment and the family member was denied for general medical services, the member can proceed unaccompanied or volunteer for an unaccompanied short tour. If the family member was denied for special educational, early intervention, or related services, the member may also be able to seek release from the assignment, if Air Force needs allow.[13] Obviously, for the benefit of the family, and ultimately the Air Force, we need to try to keep families together as much as the Air Force mission will allow.

There are several issues with the EFMP that need to be addressed. If these are able to be improved, it would significantly advance the program while still being beneficial to the Active Duty member and his family and to the Air Force. First is educational needs. The ability for a gaining base location to meet the educational needs of a child is very important to the Active Duty member. Educational screening for completion of CONUS to CONUS PCS is supposed to serve to increase the awareness of the potential education limitations and increase options for decision-making about assignments.[14] Even though Public Law mandates that public schools and early intervention services are required to provide appropriate educational services for all children, the Air Force still requires a member to process paperwork for a CONUS assignment by getting the local school system or early intervention services to complete a form describing the education needs of the child, even though the need may be for special educational, early intervention, or related services. A non-recommendation for family member travel from the

gaining location's Chief of Medical Staff (SGH) will not result in cancellation of the assignment unless requested by the member.[15]

Another component is dental. Exams are required for all EFMP persons, even if the family member has had no dental issues. Dental insurance or the member pays for this exam, or an appointment is used at the installation's dental clinic. For Fiscal Year (FY) 12, Congress has appropriated $403,540,000 for the dental insurance company United Concordia to cover all the dental claims made on behalf of DOD beneficiaries.[16]

The medical component by far is the most difficult and time consuming component of the EFMP as conditions can vary from as simple as requiring frequent medical appointments with a primary care provider, to as difficult as requiring multiple consultations or procedures from a team involving multiple specialists. This requires detailed paperwork to be completed by the member's primary care physician with input from any specialist that the member requires. For FY12, Congress has given DOD $5,539,998,000 ($5.5 Billion) for CONUS "In-House Care", which is the cost to run the medical centers, hospitals and clinics in the continental United States, of which the amount allotted for the MTFs to pay members specifically for medical travel to appointments is $111,357,000.[17,18]

The Problem

I find four large stumbling blocks to the EFMP: time, money, subjective decision making on behalf of the MTFs, and increased stress from the Active Duty member and the medical community alike. The entire process needed to evaluate an exceptional family member to accompany the sponsor on a PCS is very time consuming, both in completing and processing paperwork and the time needed to complete the appointments. If a child is coded for educational

needs, the parents must get the school system to complete paperwork summarizing the educational needs of the child. Each exceptional family member is required to have a dental exam, with the dentist completing the dental clearance paperwork. Furthermore, if the member is coded for medical reasons, the primary care manager, and any medical specialists if needed, must finish additional paperwork for the package, typically after requiring at least one more appointment. After the package is complete, a face-to-face meeting between the EFMP medical personnel and all exceptional family members (including young children) is required to verify the information. After this appointment, the paperwork is uploaded into a computer system (Q-base) by another medical person, typically the Family Member Relocation Clearance Coordinator (FMRCC), and is routed to the gaining base medical facility. Finally the paperwork is evaluated to see if the gaining base/local medical network has the ability to care for the exceptional family member. The time period from the start of the process to getting all paperwork submitted for evaluation can take a long time, typically weeks to months, depending on how long it takes to make the appointments, and then for the providers to complete their paperwork. Once received by the gaining MTF, it can take up to, and even over, two weeks to render a decision. The Chief of Medical Staff at a large base (e.g., Andrews Air Force Base (AFB), Maryland) averages 1 to1.5 hours a week on both incoming and outgoing clearances, while the Family Member Relocation Clearance (FMRC) Coordinator and other EFMP staff spend at least 6 hours per day processing EFMP paperwork.[19,20]

So, the entire process can easily take months, all delaying the member getting his or her orders. Plus, as suggested above, there is an exceptional amount of time spent by the sponsor and the family member getting everything accomplished, and time spent by medical personnel completing and processing the paperwork. Col Koeniger, Air Force Space Command Command

Surgeon (AFSPC/SG), has suggested that we could have the clinic give priority to these patients, and shorten the processing time for the medical approval. Although this would decrease the stress of the member by allowing the entire EFMP process and receipt of PCS orders to be completed faster, it would likely increase the stress of the medical community to get the paperwork accomplished on time as these time constraints would conflict with other important duties that are also time limited (e.g. Medical Evaluation Board paperwork/narratives).

Financial considerations also apply. As most Air Force dental clinics do not routinely see family members, the family members usually are seen by civilian dentists for their dental needs. Therefore, civilian dentists will likely be the ones completing the dental clearance paperwork. This requires either the member or their dental insurance to cover the cost of this appointment. Specialty civilian medical care is also expensive, although it is usually covered by insurance. If the physician capable of completing the medical form is in the medical military community, this significantly assists with decreasing costs, but the appointment time consumed for the clearance appointment could have been used to prevent another member from seeking civilian medical care. Although the funding is provided to the DOD from Congress, in these financially difficult times, any assistance that we can provide to decreasing dental and medical costs would be beneficial.

Unfortunately, the decision making from the gaining MTF is primarily purely subjective. As they do not have the ability to evaluate the exceptional family member in person themselves, they are only able to review the paperwork. Yet they are required to make a subjective decision on what the local area can and cannot support medically and educationally. They also do not have any defined distance that determines what makes a specialist available or unavailable for an inbound person. Currently, there is a 100-mile radius after which payment for dependent travel

is required. 10 United States Code (USC) 1074i states that "In any case in which a covered beneficiary is referred by a primary care physician to a specialty care provider who provides services more than 100 miles from the location in which the primary care provider provides services to the covered beneficiary, the Secretary of Defense shall provide reimbursement for reasonable travel expenses for the covered beneficiary and, when accompaniment by an adult is necessary, for a parent or guardian of the covered beneficiary or another member of the covered beneficiary's family who is at least 21 years of age."[21] At this time, the rate is 0.555 dollars per mile, which when added up, can become expensive for the MTF.[22] Some Chiefs of Medical Staff may also be more risk-adverse than others in approving an exceptional family member to PCS with their sponsor. For example, at Holloman AFB, New Mexico, considered a medically geographically remote base, the SGH would commonly deny an incoming EFMP request initially to prevent a reassignment for medical reasons request later as most of the medical specialty care is in El Paso, Texas about 100 miles away.

Stress is also a very negative component of the EFMP. From personal experience as an EFMP sponsor, the mental stress of getting this process completed is significant for the Active Duty member. The stress partially comes from the unknown factor of whether the gaining MTF will accept the family members, but also the stress from missing work to get the huge amount of paperwork completed. For my situation, a larger gaining MTF initially declined my family (one family member is in the EFMP for medical reasons and the other for a minimal temporary educational reason) even though they were maintained at a medically geographically remote location. The waiver process allowed me to convince the gaining medical facility to accept my family. However, PCS orders cannot be generated until the gaining MTF has approved the family members' travel, which significantly delays the completion of outprocessing. Again, this

increases the stress of the Active Duty member, especially when there is a fixed report-no-later-than-date. There is also the stress of the medical members involved in the process. Completing paperwork that is considered "cumbersome" and potentially unnecessary adds to the already huge workload of a medical provider. This was addressed during a recent teleconference designed as a precursor to a future EFMP Air Force Smart Operations for the 21st Century (AFSO21) event. This teleconference identified that the SGH and Special Needs Coordinator (SNC) consider themselves overtasked. Commonly these individuals have multiple other job titles and responsibilities that make it difficult to find enough time to adequately focus on the EFMP without impacting their other duties. This demonstrates that the entire EFMP is stressful for both the sponsors, their family members, and the medical staff involved in the process.

I agree that it is necessary to fully evaluate the medical, dental and educational conditions of family members going overseas to verify their conditions can safely be handled at the overseas location, especially because many overseas bases have limited US medical and dental support and the local national medical/dental standards may not be the same as American standards.[23] However, in the United States, medical standards are supposed to be the same nationwide. While specialist care may not be found in the local military medical group, barring a few remote locations and a few ultra-specialized specialists (e.g., a pediatric cardiothoracic surgeon), these specialists are typically found within a couple hours of the PCS location. Also, in the United States, educational needs are legally mandated to be met by the state's public school system or early intervention services, plus the gaining medical facility is not allowed to deny travel based upon educational needs alone – so why do we continue to waste time, money, and energy processing these cases? For a CONUS PCS, this paperwork and exams, including

the required dental exams for all exceptional family members, waste time and money with no added benefit.

Senior medical leadership is aware that there are improvements that need to be made to the EFMP. In December 2012 and January 2013, the Air Force Medical Operations Agency (AFMOA) recently hosted several teleconferences to brainstorm background information for a future AFSO21 event to identify the problems and possible improvements to the EFMP. Multiple difficulties in the process were described to include several references to a deficiency in the education of the sponsor, exceptional family members, and medical group personnel. Although this may be the case, further education of all parties involved is not going to solve the basic problems of the EFMP. Other concerns focused on the difficulties of identifying new exceptional family members and continuing to track current members as the electronic medical record, Armed Forces Health Longitudinal Technology Application (AHLTA), does not identify the members as being coded as an exceptional family member. More importantly, additional concerns identified revolve around the time consuming aspects of the EFMP: "SGH is overtasked," the workload process is cumbersome, and the need to work in advance of an assignment as it seems as if the "customer pushes rather than [the] process pull[s]".[24]

Recommendations

As the DODI only addresses the requirements for overseas PCS, the Air Force has an excellent opportunity to improve the CONUS process for the EFMP. I offer several recommended changes/choices to assist in this improvement. First, for the family members that are coded for the educational component, I recommend completely eliminating the clearance process for educational services unless the sponsor requests otherwise. As the school system or

early developmental program is responsible for meeting the educational needs of the child, and the gaining medical facility is not able to deny travel based upon educational needs alone, this portion of the EFMP for CONUS moves is unnecessary. Removing this component would save time for all members involved in the EFMP process with no negative outcomes. If a sponsor believes that family member's unique educational needs should be considered in his PCS process, it should be his responsibility to raise this issue with the EFMP-FS coordinator in the Airman and Family Readiness Center as they are able to access the federal/state resources available for special needs family members.

Next, I recommend eliminating the dental component from the CONUS EFMP evaluation unless the primary care physician or the Active Duty member voices a concern. One example where a dental clearance for a CONUS PCS may be applicable is in a case where the child has significant mental and physical disabilities (requiring specialty pediatric dentists and exams under anesthesia).[25] This again would save time on behalf of the member and his family by eliminating an unnecessary dental exam just to complete paperwork which delays the completion of the EFMP package. It would also save the cost of the dental appointments, which is paid by the member or by their insurance company. For those family members who complete the clearance exam through the military dental clinic, removal of this requirement would open up appointments for the dental needs of Active Duty personnel.

For the medical component, there are three possible solutions, each with different cost and time savings balanced against a different level of risk. One is to eliminate all EFMP PCS evaluations for CONUS moves unless the Active Duty member raises a concern. The major benefit is that a lot of time and money will be saved initially, and at a time where we must “do less with less,” this would allow the member, medical personnel, and administrative personnel to

focus on more necessary tasks. The negative side is that if the member feels the new location may not be able to handle his family's medical needs, it would be his responsibility to raise the concern prior to his PCS. This will result in some increased reassignments if the medical inability is only identified after the PCS and this option will unfortunately will result in more medical travel costs if the required specialty care is over 100 miles away. Another possible option is to require clearances only to medically geographically remote bases as these are the most likely bases to not have the medical specialists within a close radius. This would eliminate the need to obtain and process a majority of the EFMP packages but would allow the bases with the least medical specialist capability to assess if they are able to medically handle the family member with the special medical need. There will be considerable time savings as any base not considered medically geographically remote would not require a medical clearance for PCS. This would also prevent most of the reassignments from the above option as well as decrease the amount of money used for patient travel. However, this would require standards to be developed to accurately define what exactly meets the criteria for a medically geographically remote base. Plus, in order to eliminate PCS denials for purely subjective reasons, clearer instructions would need to be developed for the EFMP medical personnel at the medically geographically remote gaining bases. These instructions would need to define the exact reasons to deny an exceptional family member, i.e. the required specialist isn't within 200 miles for monthly visits or 100 miles for weekly visits. A third option is to create a clinical tier of medical facilities based upon criteria which would approximate availability of specialty care. So, if a member were to PCS to a higher tiered base, or a lateral PCS to a same-tiered base, no EFMP clearance request would be needed unless the Active Duty member has a concern. Compared to the other two options, this has the least amount of time and money savings (although it should still have significant

savings); however it will prevent most reassignments for medical reasons. The difficulty with this option is to define what criteria is needed for each tier as different types of specialists may be readily available in one location, but not in another location. One possibility may be using the size of cities in a specified radius to approximate the availability of specialty care.

Conclusion

As Col Koeniger (AFSPC/SG) states, "[medical is] the face of EFMP… and [we] continue to get the feedback from the users because we are the part of the process that they can touch."[26] Currently, the EFMP is considered a stumbling block to active duty members who are enrolled in the program. It takes a tremendous amount of time and effort from everyone involved in the EFMP to complete the process, which increases the stress of the member while awaiting the results. If we can streamline the process, and remove the unneeded components, we will be able to save time, money, and reduce the stress of the Active Duty member, thereby allowing him to be more available for the Air Force mission. As DODI 1315.19 requires EFMP PCS assessment only for moves OCONUS, the Air Force has an opportunity to re-design the process for CONUS PCS assessments. Given that the senior medical leadership is interested in improving the EFMP, now is the perfect time to re-assess the need of all of the program components. With the involvement of both the Air Force Medical Service and the Air Force Personnel Center, a new EFMP CONUS process could be implemented that is beneficial for the Active Duty members, their families, the EFMP personnel, and ultimately the Air Force.

Notes

1. Exceptional Family Member Program on the Military HOMEFRONT official Web Site, "Overview" http://www.militaryhomefront.dod.mil/tf/efmp.

2. Maj Kelly Czeiszperger, Air Force Medical Operations Agency Program Manager, Air Force Programs for Families with Special Needs, Lackland AFB, TX, to the author, email, 29 November 2012.

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17. Defense Health Program Fiscal Year (FY) 2013 Budget Estimates Operation and Maintenance In-House Care, 2.

18. Defense Health Program Fiscal Year (FY) 2013 Budget Estimates Operation and Maintenance Summary of Price and Program Change.

19. Col Teresa Skojac, Chief of Medical Staff, 79th Medical Wing, Joint Base Andrews, VA, to the author, e-mail, 7 December 2012.

20. SrA Mattie D'Ambrosia-Cave, Special Needs Identification and Assignment Coordinator, 79th Medical Wing, Joint Base Andrews, VA, to Col Teresa Skojac, Chief of Medical Staff, 79th Medical Wing, Andrews AFB, VA, e-mail, 7 December 2012.

21. United States Code, Title 10, Subtitle A, Part II, Chapter 55, Section 1074i.

22. Department of Defense, *Joint Federal Travel Regulation Volume 1 Uniformed Service Members*, 1 October 2012, U2I-1.

23. Col Mary Dvorak, Chief of Medical Operations, 79th Medical Wing, Joint Base Andrews, VA, to the author, e-mail, 7 December 2012.

24. Notes, Exceptional Family Member Program Air Force Smart Operations for the 21st Century (AFSO21) notes, 14 December 2012.

25. Col Mary Dvorak, Chief of Medical Operations, 79th Medical Wing, Joint Base Andrews, VA, to the author, e-mail, 7 December 2012.

26. Col Mark Koeniger, Air Force Space Command Command Surgeon, Peterson AFB, CO to BG Sean Murphy, Air Force Medical Operations Agency Command Surgeon, e-mail, 14 August 2012.

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